U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT Office of Management and Budget No. 1215-0188

Expires: 11-30-2002

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under PL, 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.							
is DO		DD COVERED MO DAY YEAR 3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:					
MIZA 010) — 106 From	0 7 0 t 2 0 0 0 (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:					
R DROP	Through	gh 0 6 3 0 2 0 0 1 (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:					
	· · · · · · · · · · · · · · · · · · ·	8. MAILING ADDRESS (Type or print in capital letters.)					
MEIL STEINAGEL CARPENTERS AFL-CIO	(3) 010-106 330	First Name					
LU 2979 418 W MAIN ST	250	Last Name					
MERRILL, WI 544522223	6/2001						
		P.O. Box • Building and Room Number (if any)					
	H						
		Number and Street					
4. AFFILIATION OR ORGANIZATION NAME							
5. DESIGNATION (Local, Lodge, etc.)	C DECIGNATION AND ADDED	City					
5. DESIGNATION (Local, Lodge, etc.)	6. DESIGNATION NUMBER						
7. UNIT NAME (if any)		State ZIP Code + 4					
 Are your organization's records kept at its mailing ac (If "No," provide address in Item 56.) 	ddress? Yes X No						
56. ADDITIONAL INFORMATION (If more space is need	eded, attach additional pages p	s properly identified.)					
Item Number							
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)							
57. SIGNED: X Sear M. Afaita							
9 1 30 1 01 (715) 5		tother title, see instructions.) 9 1 2 7 1 0 1 (715) 5 39 - 3 2 2 9 see instructions.)					
Date Telep	phone Number	Date Telephone Number					

			!				
During the Reporting Period Did Your Organization:		N1-		. How many members did your organization have at the end of the			j
Have a "subsidiary organization" as defined in Section X of the instructions?	Yes n	No X		reporting period?			490
Create or participate in the administration of trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?	<u>i</u> r	×		What is the maximum recoverable under you fidelity bond for a loss any officer or employed organization?	ur organization's caused by	15	000
12. Have a political action committee (PAC) fund?		У		During the reporting porganization have any	changes in its		
13. Acquire or dispose of any goods or property any manner other than by purchase or sale?		X		constitution and bylaws (other than Yes rates of dues and fees) or in practices/ procedures listed in the instructions?			Yes No
14. Have an audit or review of its books and reco by an outside accountant or by a parent body auditor/representative?	1			attach two new dated procedures have char	copies. If practice	s/ uctions.)	\(\(\)
15. Discover any loss or shortage of funds or other property?		x		What is the date of yo next regular election of	of officers?	мо <i>0 5 а</i>	YEAR 002
(Answer "Yes" even if there has been repaym or recovery.)	ent			What are your organized dues and fees?			
 Have any officer who was paid \$10,000 or mo by your organization and also received \$10,0 	00 or			than one rate applies	num and maximum if more applies for any line.) Rates of Dues and Fees		
more as an officer or employee of another lat organization or of an employee benefit plan?		×					
17. Pay any employee salary, allowances, and ot expenses which, together with any payments		×		(a) Regular Dues/Fees	\$ 23.61	per Wonth, Year,	etc.)
from affiliates, totaled more than \$10,000?			i	(b) Initiation Fees	\$		
18. Have loans totaling more than \$250 to any of employee, or member, or make any loans to business enterprise?	a	X		(c) Transfer Fees	\$		
(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)				(d) Work Permits	\$	per(Month, Year,	etc.)

24. ALL OFFICERS AND DISBURSEMENTS _____TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 010-106

(A) Name they received no salary or other dishursement	Allowances				
(A) Name they received no salary or other disbursements	s. Use all capital	-	(before taxes and	and Other	T . ()
(B) Title (Enter title of officer, such as PRESIDENT or TR		Status (C)*	other deductions) (D)	Disbursements (E)	Total (F)
1. GOETSCH	ST & V	Ē	2909	553	3462
THEPRESIDENT		Status C			
2. LOHFINK	DO N	i	1649	3/1	1960
THE HEAD STEWART		Status C			
3. PAGEL	First Name CHAR	LES	1298	20	1318
Title TREASURER	First Name	Status 😃			
4. STEIN AGEL	NEIL		1809	1169	2978
THE REC SECRETARY		Status C			
5. $VOLFF$	First Name GREG		3002	436	3438
THE FIN SECRETARY		Status 꾼			
6. SCHEVERMAN	First Name PRES		1672	167	1839
Title V ICE PRESIDENT LEST Name	First Name	Status //			
7. CAUETT	DORO	· 1	538	14	552
TITE FIN SECRETARY		Status N			
8. Totals from additional pages (if any)					
9. Totals of Lines 1 through 8		,,,,,	12877	2670	15547
				10. Less Deductions	2010
Enter the Total from Line 11 in				11. Net Disbursements	13537
(If any officer was not elected at a regular election in accordance w					er election in accordance with

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

	ASSETS Item	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
SES	25. Cash	126859	147008	32. Accounts Payable		
ENT A	26. Loans Receivable			33. Loans Payable		
MEN	27. U.S. Treasury Securities			34. Mortgages Payable		
ATE	28. Investments			35. Other Liabilities	349	590
STATEMENT ASSETS AND LIVE	29. Fixed Assets	2481	1786	36. TOTAL LIABILITIES	349	590
ASA	30. Other Assets					
	31. TOTAL ASSETS	129340	148794	37. NET ASSETS (Item 31 less Item 36)	128991	148204
	CASH RECEIPTS		AMOUNT	CASH DISBURS	AMOUNT	
	38. Dues		144433	45. To Officers (from Item 24))	13537
	39. Per Capita Tax			46. To Employees (less dedu	7026	
	40. Fees, Fines, Assessments & Work Permits			47. Per Capita Tax	96090	
MENT B DISBUBSEMENTS	41. Interest & Dividends		6546	48. Office & Administrative E	4776	
MEN	42. Sale of Investments & Fixed Assets			49. Professional Fees	1810	
STATEMENT AND DISBU	43. Other Receipts		86	50. Benefits		
STS			156180	51. Contributions, Gifts & Gra	ınts	500
	If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.			52. Purchase of Investments	& Fixed Assets	3
8				53. Loans Made		
				54. Other Disbursements		7420
				55. TOTAL DISBURSEMENT	S	131159